STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11048	A. BUILDING _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEARWATER AT RANCHARRAH	5255 KIETZKE LANE, RENO, NEVADA ,89511

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility and a change of ownership on 10/25/23 and completed 10/31/23. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility was licensed for 142 residential facility for group beds with 104 beds for elderly or disabled persons and provide assisted living services, Category II residents; and 38 beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 131. Twenty-five resident files were reviewed and twenty-three employee files were reviewed. The facility received a grade of D. NAC 449.27706 Resurvey: Application and fee; failure to comply. 2. If the Bureau issues a placard to a residential facility that includes a grade of "C" or "D," the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is $600 and must accompany the application. 3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection. Change of Ownership The facility has requested a license for 142 Residential Facility for Group beds which provides Assisted Living Services for elderly or disabled persons, and/or Alzheimer's, 38 Category II Alzheimer's residents and 104 Category II Non-Alzheimer's residents. The facility's policies and protocols were reviewed. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were	0000		

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	identified:			
0160 SS= C	Advertising - NAC 449.205 Advertising and promotional materials. (NRS 449.0302) Advertising and promotional materials for a residential facility must be accurate and not misrepresent accommodations, services or programs offered by the facility. Inspector Comments: Based on observation and interview the facility misrepresented assisted living services being provided at the facility on the facility's sales and marketing materials. Findings include: On 10/25/22, the facility's sales and marketing brochure documented under Services and Amenities, "licensed nurse on-site." On 10/25/22 at 2:28 PM, the Administrator verbalized a Nurse was employed at the facility; however, the Nurse was working in the capacity of the Health Services Director and did not perform nursing duties. The Administrator was unaware the facility's sales and marketing materials advertised a licensed nurse on-site. Severity: 1 Scope: 3	0160	All “licensed nurseon-site” brochure documents have been removed as of 10/25/23. All previoussales and marketing material removed from community to confirm compliance. New marketing materials will be developed withoutthis language.	10/25/2023

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0255 SS= F	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 10/25/23, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. The memory care staff were not practicing good hygiene within the memory care support kitchen at the time of inspection. Memory care staff were not washing hands between duties and changing gloves. In addition, memory care staff were observed using a handwashing sink as a utility sink, not handling clean dishware properly, and not acknowledging the kitchen manager's corrective food safety directions. b. The memory care high temperature dishmachine was not sanitizing during the final rinse cycle. The dishmachine final rinse temperature was observed at 145 degrees F. Severity: 2 Scope: 3	0255	Memory Care team membershave been in serviced on Proper Hand Hygiene on 11/2/23. The dish machine was serviced and now workingproperly on 1/3/24. To monitor futurecompliance the Memory Support Culinary Coordinator or designee will train anddirect all Memory Support team members on proper hand hygiene, proper handlingof clean dishware, and food safety. Trainingwill occur by 12/15/23.	11/02/2023

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0450 SS= D	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. Inspector Comments: Based on personnel file review and interview, the facility failed to ensure first aid and cardiopulmonary resuscitation (CPR) training was received within 30 days of employment for 1 of 12 sampled employees working in the facility greater than 30 days (Employee #17). Findings include: On 10/25/23 at 10:14 AM, the Business Office Director was provided with the Personnel Check List to complete for 20 sampled employees. On 10/25/23, the Business Office Manager provided the completed form with the following information and emailed training information on 10/30/23: Employee #17 Employee #17 was hired by the facility as Care Partner with a start date of 03/20/23. Employee #17's personnel file contained first aid and CPR training completed on 08/25/23. On 10/25/23 at 2:37 PM, the Executive Director provided the Attestation of Compliance form, signed and dated 10/25/23, confirming the Business Office Director had conducted a thorough review of the personnel records to determine compliance and any noncompliance found. The Corporate Executive Director verbalized attesting to the accuracy of the Personnel Checklist Form self-attestation. Severity: 2 Scope: 1	0450	Upon hire, team memberswill attend a First Aid and CPR class issued by the American Red Cross or anequivalent within 30 days of employment. The Business Office Director ordesignee will conduct employee file audits monthly and as needed basis toensure compliance with First Aid and CPR requirements.	10/25/2023

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0593 SS= F	Rights of Residents; Procedure for Filing - NAC 449.268 Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that: (d) The facility is a safe and comfortable environment; Inspector Comments: Based on observation, document review, and interview, the Administrator failed to ensure the facility provided a safe environment from infection and follow the facility's COVID-19 (COVID) protocols potentially affecting 131 of 131 residents. Findings include: On 10/25/23 at 8:30 AM, upon entry into the facility, the facility failed to announce to the seven surveyors the facility had COVID positive residents in the facility and the facility was asking visitors to wear a mask. On 10/25/23 at approximately 2:00 PM, one surveyor inspecting resident rooms, for residents self-administering medications, was told by the Maintenance Director the resident in the room to be surveyed was COVID positive. There was a container of personal protective equipment sitting outside the room. On 10/25/23 at 2:29 PM, the Executive Director (ED) confirmed there were COVID positive residents in the building isolating in their rooms and verbalized there was supposed to be a sign posted at the reception desk indicating the facility had COVID positive cases in the building. The ED confirmed the sign was not at the reception desk per the facility's COVID policy and provided a copy of what the sign should read. The sign documented "Please wear a mask. Our community has experienced multiple cases of COVID-19 in the past 10 days, and we are asking all team members and visitors to wear a mask at this time. The facility's policy titled "COVID-19," updated 05/11/23, documented during an outbreak all staff and visitors should wear masks and signage would be placed at the door. Severity: 2 Scope: 3	0593	Incorrect signage removedon 10/25/23. On 11/2/23 team memberswere in serviced on current COVID policy and procedures to follow in the eventof an outbreak. On an ongoing basis COVID policies and procedures will bereviewed with team members to ensure compliance. We continue to engage our outside clinicalconsultant to assist in revising COVID policies and procedures.	10/25/2023
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of	0878	As of 10/25/23 changeorder	10/25/2023

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	administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (Previously Y 0879) (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure a change label was affixed to a medication label for 3 of 25 sampled residents (Residents #21, #23, and #4). Findings include: Resident #21 Resident #21 was admitted to the facility on 03/30/22, with diagnoses including Alzheimer's dementia, hypertension, and chronic obstructive pulmonary disease. On		label stickers applied for Resident 21, Resident 23, and Resident 4. Policyfor Medication administration Reviewed with Med-Techs on 11/2/23. Med-Cart audits are conductedby our contracted pharmacy on a quarterly basis. On an ongoing basis upon achange in a resident’s medication order a change order label will be applied toa current medication. Med techs will review med carts for compliance withchange order label stickers on every shift. The Health Services Director will conduct unannounced med cart reviews forcompliance at least monthly.	

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	10/25/23, during a review of medication for Resident #21 the following was found in the resident's medication supply: - haloperidol 2 milligrams (mg)/milliliter (ml) concentrate. The label documented to give 0.5 ml by mouth or under tongue every two hours as needed for anxiety/agitation/delirium. - miconazole nitrate 2 percent (%) cream. The label documented to apply to groin rash twice daily and as needed. - a jar of plant-based cannabinoid and melatonin gummies. The over-the-counter label documented the gummies contained total phytocannibinoid of 10 mg, melatonin 3 mg, and less than 0.5 mg of tetrahydrocannabinol (THC) per serving. The October 2023 Medication Administration Record (MAR) and physician orders for Resident #21 documented the following: - haloperidol 2mg/ml concentrate, take 0.25 ml by mouth every four hours for severe anxiety. The order was dated 06/21/23. - miconazole nitrate 2% cream, apply 1 gm in a thin layer topically daily to groin, perineum, and buttocks at every incontinence cares. The order was dated 10/24/23. - Cannabidiol (CBD) gummy, give one gummy by mouth every evening. The order was dated 05/06/23. On 10/25/23 at 12:55 pm, the Medication Technician (MT) confirmed the haloperidol and miconazole should have had a change label applied to the medication label. The MT verbalized the jar of plant-based cannabinoid and melatonin gummies were being administered for the CBD gummy and confirmed the medication did not match the ordered medication. Resident #23 Resident #23 was admitted to the facility on 10/05/21, with a diagnosis of dementia. On 10/25/23, during a review of medication for Resident #23 the following was found in the resident's medication supply: - paroxetine hydrochloride (HCl) 20 mg tablets. The label documented to take one tablet by mouth daily. - senna 8.6 mg tablets. The label documented to take one tablet twice daily. The October 2023 Medication Administration Record (MAR) and physician orders for Resident #23 documented the following: - paroxetine HCl 20 mg tablets, take two tablets by mouth every evening for anxiety and depression. The order was			

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	dated 02/01/23. - senna 8.6 mg tablets, take one tablet my mouth twice daily as needed. The order was dated 04/06/23. On 10/25/23 at 1:08 PM, the MT confirmed the paroxetine and senna should have had a change label applied to the medication label. Resident #4 Resident #4 was admitted to the facility on 02/15/23, with diagnoses including dementia, hypertension, and thyroid disorder. On 10/25/23, during a review of medication for Resident #4 the following was found in the resident's medication supply: - prochlorperazine 10 mg tablets. The label documented to take one tablet by mouth every eight hours as needed. The October 2023 Medication Administration Record (MAR) and physician orders for Resident #4 documented the following: - prochlorperazine 10 mg tablets, take one tablet by mouth every six hours as needed for nausea/vomiting. The order was dated 10/22/23. On 10/25/23 at 1:12 PM, the MT confirmed the prochlorperazine should have had a change label applied to the medication label. Severity: 2 Scope: 1			

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0920 SS= E	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation, interview, and document review the facility failed to ensure medications were secured. Findings include: On 10/25/23, the following resident rooms contained unsecured medications: Room 155 - at 10:19 AM, five eight-ounce containers of Ensure were kept in the resident's room. Room 146 - at 10:40 AM, one Imodium tablet and three and ½ oyster shell tablets were in a medication cup in a dresser drawer. Room 151 - at 10:52 AM, six Metamucil Fibers were kept in the resident's room. On 10/25/23 at 10:09 AM through 10:52 AM, the Maintenance Director confirmed the medications should be secured and not available to residents in the memory care unit. Facility policy, "Medication Storage of Centrally Stored Medications," dated 12/02/22, documented, "All medications, including over-the-counter (OTC), are kept in locked storage at all times." Severity: 2 Scope: 2	0920	On 10/25/23 all medicationsdiscovered in rooms 155, 146 and 151 were removed and securely stored. On 11/2/23 in servicecompleted with team members on proper Medication Storage. To monitor futurecompliance, the Health Service Director or designee will conduct weekly inspectionsof resident apartments. Any medications discovered during the inspections willbe immediately removed. Housekeepingstaff will also be in serviced to monitor for any unsecure medications whencleaning apartments and to report this immediately to a member of the health servicesteam.	10/25/2023

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0923 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation, interview, and record review the facility failed to ensure a medication was labeled with the resident's name and the name of the provider for 1 of 25 sampled residents (Resident #21). Findings include: Resident #21 Resident #21 was admitted to the facility on 03/30/22, with diagnoses including Alzheimer's dementia, hypertension, and chronic obstructive pulmonary disease. On 10/25/23, during a review of the medications for Resident #21 the following was found in the resident's medication supply: - An over-the-counter bottle of cannabidiol (CBD) gummies. The bottle was not labeled with the residents or the prescribing provider's name. On 10/25/23 at 12:55 PM, the Medication Technician confirmed the bottle of CBD gummies did not have the resident's or the prescriber's name documented on the label. Severity: 2 Scope: 1	0923	**On10/25/23 resident #21 Medication correctly labeled. To monitor for future compliance, the Health Service Director and or designee will audit mediation carts weekly for 6 months.** Med-Cart audits are conductedby pharmacy on a quarterly basis. On an ongoing basis, medication in the medcart will have the name of the resident for whom the medication is prescribed, andthe pharmacy or manufacturer label. Medications will be kept in the originalcontainer with proper label and dosing instructions. Med techs will review medcarts on every shift to ensure compliance with proper medication labeling.	10/25/2023

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on clinical record review, document review, and interview, the facility failed to ensure 2 of 25 residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #25 and #23). Findings include: Resident #25 Resident #25 was admitted to the facility on 10/22/23, with diagnoses including dementia, stroke, aphasia, hypertension and atrial fibrillation. Resident #25's clinical record documented a QuantiFERON lab test dated 10/13/23, with an indeterminate result. Resident #25's record lacked documented evidence of a chest x-ray to rule out TB. On 10/25/23 at 1:43 PM, The Health Services Director confirmed the QuantiFERON TB test was indeterminate and verbalized Resident #25 should have been cleared of TB with a follow-up chest x-ray since the initial TB test was inconclusive. Resident #23 Resident #23 was admitted to the facility on 10/05/21, with a diagnosis of dementia. The record for resident #23 had a TB test dated 08/26/22 and did not include a TB test for 2023. The facility was unable to provide documentation of a 2023 TB test for Resident #23. Severity:2 Scope: 1	0936	Resident 25 had an inconclusive blood test dated 10/13/23 by chest x-ray. A new chest Xray was completed and resulted negative to rule out TB on10/31/23. **Resident 23 was given a 1 step TB on 10/27/23 and read negative on 10/30/23.** On an ongoing basis to maintain compliance with TB regulations the Memory Support Director or designee will track all residents TB spreadsheeting Yardi (our electronic health record).On a monthly basis prior to TB expiration the Memory Support Director or designee will obtain updated resident TB results.	10/31/2023

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0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure dangerous items were inaccessible to residents housed in the memory care unit. Findings include: On 10/25/23, the following rooms in the memory care unit contained dangerous items: Room 147 - at 10:46 AM, a blow dryer was in a dresser drawer. Room 150 - at 10:49 AM, a blow dryer was in a dresser drawer. Room 151 - at 10:52 AM, a blow dryer was in the closet and a pill cutter was in the nightstand. On 10/25/23 at 10:46 AM through 10:52 AM, the Maintenance Director confirmed the above-mentioned items could be dangerous to residents in the memory care unit and should be secured. Facility policy, "Environmental Safety," dated 07/19/18, documented, "Memory Care staff will provide a safe and healthy environment for residents residing in their Memory Care communities with consideration of residents' rights and dignity." This was a repeat deficiency from the 12/22/22 annual State Licensure survey. Severity: 2 Scope: 3	0994	On 10/25/23 all unsafe andtoxic substance items in room 147 and 151 were removed and securely stored. On11/2/23 in-service conducted with team members on Alzheimer's Care standardsfor Safety, including the proper storage and removal of unsafe items. On anongoing basis to monitor compliance, the Health Services Director or designeewill conduct weekly inspections of resident apartments and remove all unsafeand toxic substances. Housekeeping staff will also be in serviced to monitorfor any unsafe or toxic substances when cleaning apartments and to report thisimmediately to a member of the health services team.	10/25/2023
0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were inaccessible to	0999	On 10/25/23 all unsafe andtoxic substance items in rooms 157, 156, 147, 150, 151, 149, 145, 144, 135 and126 have been removed and securely stored. On 11/2/23 in-service conducted withteam members on Alzheimer's Care standards for Safety and Storage of ToxicSubstances. On an	10/25/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11048	A. BUILDING _____ B. WING _____	10/25/2023

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	residents housed in the memory care unit. Findings include: On 10/25/23 the following rooms in the memory care unit contained toxic items: Room 157 - at 10:29 AM, the bathroom cabinet was left unlocked and contained the following: - 30.6-ounce container of Dove Deep Moisture - a four-ounce container of Remedy Essentials - a two-ounce container of once-a-day moisturizing cream - a 1.8-ounce container of Hempz Hand Cream - a three-ounce container of Mary Kay cleanser - six eight-ounce containers of perineal skin cleanser - a 6.7-ounce container of Giorgio moisturizer - a 5.2-ounce container of Bloomfield foot cream - an eight-ounce container of Remedy No-Rinse foam cleanser - a 2.5-ounce can of body spray Room 156 - an eight-ounce container of Remedy No Rinse foam cleanser was in the resident's room. Room 147 - at 10:46 AM, an eight-ounce container of cranberry and orange flower body mist, an 18-ounce container of Dr. Teal's body lotion, and an eight-ounce container of Grateful room spray were in the resident's room. Room 150 - at 10:49 AM, the following were in the resident's room: - an eight-ounce container of Remedy no rinse foam cleanser was in the unlocked cabinet over the toilet. - a 20-ounce container of Owens daily moisturizer was on the dresser. Room 151 - at 10:52 AM, a 16-ounce container of Amazing Grace body emulsion was in the resident's room. Room 149 - at 10:58 AM, a bottle of nail polish was in the unlocked cabinet over the toilet. Room 145 - at 11:01 AM, an eight-ounce container of Remedy Essentials body was in the resident's room. Rom 144 - at 11:03 AM, a 1.7-ounce container of Clinique body lotion was in the resident's room. Room 138 - a four-ounce container of Remedy Essentials body lotion was in the drawer of a cart in the resident's room. Room 135 - at 11:14 AM, a bottle of nail polish was in the nightstand in the resident's room. Room 126 - at 11:23 AM, a 28 mL container of body lotion was in the resident's room. On 10/25/23 at 10:29 AM through 11:23 AM, the Maintenance Director confirmed the above-mentioned items were toxic and dangerous to residents in the memory care unit and should be secured. Facility policy,		ongoing basis to monitorcompliance, Memory Support Director or designee will conduct weekly inspectionsof resident apartments and remove any toxic or unsafe substance. Housekeepingstaff will also be in serviced to monitor for any unsafe or toxic substanceswhen cleaning apartments and to report this immediately to a member of thehealth services team.	

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